

Note: This is a sample template, it is not an OMB approved form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

S&T TELEPHONE COOP ASSN

Service Provider Name

S&T TELEPHONE COOP ASSN

Company Address, City, State, Zip

320 KANSAS AVE, PO BOX 99
BREWSTER, KS 67732

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

TRACEE MACKLEY

Contact Tel #

785-694-2256

Fax #

785-694-2750

E-mail Address

tmack@st-tel.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

WALLACE COUNTY, KANSAS

For each area listed above, identify the emergency response point to which calls are now being routed.

SHERMAN COUNTY, KANSAS

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Tracee Mackley

Printed name of authorized representative

TRACEE MACKLEY

Title

OFFICE MANAGER

Date

3-8-02

This filing is:

original filing

revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

911 CALLS ARE CURRENTLY BEING ROUTED TO SHERMAN COUNTY 911.
(ONLY CALLS MADE FROM THE FEW S&T LINES- 8)

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

TRANSLATION IS COMPLETE.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

911 IS CURRENTLY BEING USED IN OUR SERVICE AREA.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

WALLACE COUNTY HAS NOT IMPLEMENTED TRUE 911 SERVICE. 911 ADDRESSING HAS NOT BEEN IMPLEMENTED. I UNDERSTAND THAT MOST OF THE COUNTY, SERVICED BY SUNFLOWER TELEPHONE, DIALS 4911 TO REACH EMERGENCY SERVICE.

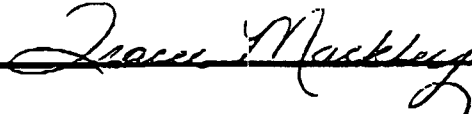
(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

THE WALLACE COUNTY SHERIFF WAS CONTACTED AND HE INDICATED THAT THE COUNTY COMMISSION WAS UNABLE TO FUND 911 SERVICE.

Section 4**Certification - To be signed by an authorized representative of the reporting entity**

- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature



Printed name of authorized representative

TRACEE MACKLEY

Title

OFFICE MANAGER

Date

3-8-2002

This filing is:

original filing

revised filing

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Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

S&T TELEPHONE COOP ASSN

Service Provider Name

S&T TELEPHONE COOP ASSN

Company Address, City, State, Zip

320 KANSAS AVE, PO BOX 99
BREWSTER, KS 67732

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

TRACEE MACKLEY

Contact Tel #

785-694-2256

Fax #

785-694-2750

E-mail Address

tmack@sr-rel.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

WALLACE COUNTY, KANSAS